

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3	2			1			53				
4	1			1			54				
5	0			1			55				
6	1						56				
7	0			1			57				
8	0						58				
9	0						59				
10	1			4			60				
11	1			1			61				
12	1			1			62				
13	3			1			63				
14	0			1			64				
15	1			1			65				
16	1			1			66				
17	2			1			67				
18	0			1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23				1			73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			31				TOTAL DEP.				
TOTAL CLAIMS			33				TOTAL CLAIMS				